



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned
submits for filing a certificate of Assumed Business Name

2003 MAR 19 AM 8:46

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Horsen Around

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Chris Lombardo

Complete Address

5701 N. Willowcreek

Eagle, ID 83614

Carey Lombardo

"

3. The general type of business transacted under the assumed business name is:

<input type="checkbox"/>	Retail Trade	<input type="checkbox"/>	Transportation and Public Utilities
<input type="checkbox"/>	Wholesale Trade	<input type="checkbox"/>	Construction
<input checked="" type="checkbox"/>	Services	<input type="checkbox"/>	Agriculture
<input type="checkbox"/>	Manufacturing	<input type="checkbox"/>	Mining
<input type="checkbox"/>	Finance, Insurance, and Real Estate		

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

Horsen Around

5701 N. Willowcreek

Eagle, ID 83614

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Phone number (optional):

939-8121

Signature: Carey Lombardo

(signature required)

Printed Name: Carey Lombardo

Capacity/Title: Owner

(see instruction # 8 on back of form)

g:\corporation\forms\abn.p65
Revised 09/2002

Secretary of State use only

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IDAHo SECRETARY OF STATE
03/19/2003 05:00
CK: 2308 CT: 158010 BH: 669564
1 2 20.00 = 20.00 ASSUM NAME # 2